# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Ch	115tron	PAUL	EV20	Klein
	1			2

Tonn Doe 2 John Doe 3 Form

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

#### NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

# I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?  SCHOOLEN ACCEPTED TO THE STATE OF TH
6th ammendment , Fair trui speen
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff, Chastian Paul Enzolgen, is a citizen of the State of (Plaintiff's name)
New Vock
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of
le ·
If more than one plaintiff is named in the complaint, attach additional pages providing
information for each additional plaintiff

If the defendant is an individual:  Anto Matom Taho Does 1, 2,3, Time doe
The defendant, MTAPO, is a citizen of the State of
(Defendant's name)
New York
or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of
If the defendant is a corporation:
The defendant,, is incorporated under the laws of
the State of MOW YOIR and Connection
and has its principal place of business in the State of Maw York
or is incorporated under the laws of (foreign state)
and has its principal place of business in
If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.
II. PARTIES
A. Plaintiff Information
Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.
Characters P (Clero
First Name Middle Initial Last Name
GEORGA Delivery, MV
Street Address
1/4 10001
County, City State Zip Code
Telephone Number  CPKLEIN 25 (Orbail a certain Address (if available)

## B. Defendant Information

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To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	Metron	Olitan Truns	it Anthority
	First Name	Last Name	
	Current Job Title (or	other identifying information	1
		ess (or other address where	
	County, City	State	Zip Code
Defendant 2:	MTA	PD	
	First Name	Last Name	
	Current Job Title (or	other identifying information	on) terminal
	Current Work Addre	ess (or other address where	
	County, City	State	Zip Code
Defendant 3:	John	Doe	
	First Name COOC	Last Name	Metro North
	Current Job Title (or	other identifying information	Terminal
	Current Work Addre	ess (or other address where	
	// <u>//                                </u>	NY	
	County, City	Sťate	Zip Code

Defendant 4: Don Doo Z  First Name Last Name	American de la constante de la
V	-
Current Job Title (or other identifying information)	
Cread coatal	
Current Work Address (or other address where defendant may be served)	
Current Work Address (or other address where defendant may be served)  County, City  State  Zip Code	
ON Glank (as) County, City State Zip Code	
III. STATEMENT OF CLAIM	
Place(s) of occurrence: Stan Ford tran Station	
9 72 0 0	
Date(s) of occurrence: $S = ZZ = 20$ $S$	
FACTS:	
State here briefly the FACTS that support your case. Describe what happened, how you were	
harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.	
On the morning of Aurust 22	
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a constant ou like MATA Police This	-14
accest was a result of blutant	
alsonation a und thember left	
Larcery Sy addetro no-th conductor.	<b>←</b>
To the Color Ollect of Mell Di	
the concluter he will the police	<u> </u>
FOUR MTA PP COPS, ONE CONTRAIN	Borall
	hale
office and I fenale offered They	<del>40</del> 4
Janvel me and woonfully wrested me	
also I was seen in an Emergency a	Door
Bor MY 10 June 4 LING Charles	20° 7

Perendant 5 TOUN DOE 3 MTAPD NX, NX, HO

Defendant 6 - Jane Doe/ MTAPD NY, NX

Defendant 7 - June Doe Z MY , NY

WITH, Theft of scribe cesisting a crest.
Brench of pouce. All charges were,
dismissed with Dreta Nive in October 2019
in Stanford Superior Court before
the Honorable Trade Cummerton & Before
the disposition of sy case, the MALT
on the scene, John Doe #2, was found
culty at a departmental trial, after
an Internal affairs investigation into
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
Con Cussian, Acek Strain, Shoulder Strain
CON CUSSION, Mack Strain , houlder strain
CON CUSSION, Mack Strain , houlder strain
CON CUSSION, Mack Strain, ) houlder strain
CON CUSSION, Mack Strain, howlder strain
IV. RELIEF <sub>(Ý)</sub>
IV. RELIEF  State briefly what money damages or other relief you want the court to order.
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IV. RELIEF  State briefly what money damages or other relief you want the court to order.  \$\frac{170}{000} \frac{1}{000}
IV. RELIEF  State briefly what money damages or other relief you want the court to order.  TO 000 to cover the acrest  Constinual distress, rental distress, loss

 $i_{a,j}$ 

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complain	nt. Attach additional pages if necessary. If seeking to
proceed without prepayment of fees, each p	laintiff must also submit an IFP application.
8-23 72	
Dated	Plaintiff's Signature
Carristra, PAIN E	720 (Slein
First Name Middle Initial	Last Name
General Delive	CV
Street Address	
$\mathcal{M}_{\mathcal{A}}$	0/4 10001
County, City	State / Zip Code
9/9 93) 4556	CPKIEN 25 DOMAIL ON
Telephone/Number	Email Address (if available)
7	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes 

No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.